Rev	ision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	ATTACHMENT 4.18-D Page 1 OMB No.: 0938-	
		STATE PLAN	JNDER TITLE	KIX OF THE SOCIAL SECURITY ACT	
		State/Territor	ry: Pennsy	lvania	_
		Premiums Impos	sed on Low In	ncome Pregnant Women and Infant:	s
A. The following method is used to determine the monthly premium imposed on optional categorically needy pregnant women and infants covered under section 1902(a)(10)(A)(ii)(IX)(A) and (B) of the Act:					
В.	A descr	ription of the	billing meth	nod used is as follows (include	due date
	for pre	emium payment, of procedures	notification for request:	n of the consequences of nonpaying waiver of premium payment):	ment, and

\*Description provided on attachment.

TN No. 91-34
Supersedes Approval Date OFC 30 1991
Effective Date NOV 1 1991
TN No. new

HCFA ID: 7986E

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 4.18-D Page 2 AUGUST 1991 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: Pennsylvania C. State or local funds under other programs are used to pay for premiums: Yes No D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:

TN No. 91-34
Supersedes Approval Date DEC 30 1991
TN No. new Approval Date DEC 30 1991

\*Description provided on attachment.

HCFA ID: 7986E